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COVER LETTER

TO: Registration Section Division of Corporations	42	
SUBJECT: <u>625 Productions</u> , <u>LLC</u> (Name of Limited	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Alyssa Ricss (Name of Person)		
625 Productions, LLC (Firm/Company)		
103 Manatee Rd. (Address)		
Belleair, FL 33756 (City/State and Zip Code)		
For further information concerning this matter, plea	ase call:	
Alyssa Ricss at (at ((Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ug	eni, or boin, in the State of Mortau.
1.	The name of the limited liability company is: 625 Productions, LLC
2.	The mailing address of the limited liability company is: 103 Manatce Road
	Belleair, FL 33756
	11-22-2006 L06000112784
3.	Date of filing/registration in Florida 4. Document number
	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
	Alyssa Ricss Name
	3100 Monticello Place #308
	Address Orlando, FL 32835
	3100 Monticello Place #308 Address Orlando, FL 32835 City, State and Zip
	City, State and Zip 全流
6.	The name and address of the new registered agent and/or office: Orlando, FL 32835 City, State and Zip The name and address of the new registered agent and/or office:
	The state of the s
	Name
	Alyssa Ricss Name 103 Manatec Road 36
	Florida street address (P.O. Box NOT acceptable)
	Belleair, FL 33756
	City, State and Zip
co an lia	the limited liability company is not organized under the laws of the State of Florida, it is hereby nfirmed that after the change or changes are made, the Florida street address of the registered office d the business office of the registered agent will be identical. Or, in the case of a Florida limited bility company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company.
	Alyssa Riess
(Sig	gnature of a member or authorized representative of a member)
(P ₁	Aly65a Ric55 inted or typed name of signee)
I l co. an Ch ad	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to mply with the provisions of all statutes relative to the proper and complete performance of my duties, at I am familiar with and accept the obligations of my position as registered agent as provided for in appear 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office dress, I hereby confirm that the limited liability company has been notified in writing of this change.
	gnature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00